

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16020

Registration District No. 500

Primary Registration District No. 6225

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr 11 months  
(Specify whether)  
In this community Same  
years, months or days

3. (a) PRINT  
FULL NAME

William S. Duncan

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Mary Estel Duncan

6. (c) Age of husband or wife if

alive 72 years

7. Birth date of deceased

Oct 2 1887  
(Month) (Day) (Year)

8. AGE:

Years

86

Months

6

Days

16

If less than one day

hr. min.

9. Birthplace

Henry Co  
(City, town, or county)

Mo  
(State or foreign country)

10. Usual occupation

None

11. Industry or business

12. Name William S. Duncan

13. Birthplace

Dr Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name

Estel J Duncan  
(City, town, or county) (State or foreign country)

15. Birthplace

Dr Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant

Hosp Reed

(b) Address

Nevada mo

17. (a)

Removal  
(Burial, cremation, or removal)

(b) Date thereof

Apr 18 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation

Clinton Mo

18. (a) Signature of funeral director

Allen J. Davis

(b) Address

Nevada mo

19. (a)

4-18-44  
(Date received local registrar)

Hoyt B. Deurek  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 228 S Central St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May  
10, 1942, to April 18, 1944  
that I last saw h alive on April 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion  
Due to Sen. Arteriosclerosis

Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm J. Davis (M. D. or other)

Address Nevada Date signed 7/12/44

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Mark A. Braswell

Licensed Embalmer No.

2529.

P. O. Address

Nebraska

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**